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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Hartford Hospital	
Doing Business As	Hartford Hospital	
Name of Parent Corporation	Hartford Healthcare Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	80 Seymour Street Hartford, CT 06102	
Applicant type (e.g., profit/non-profit)	Non-profit General Hospital	
Contact person, including title or position	J. Kevin Kinsella Vice President	
Contact person's street mailing address	80 Seymour Street Hartford, CT 06102	
Contact person's phone #, fax # and e-mail address	545-4155, 545-4193 Kkinsel@harthosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Transfer of certain outpatient services from Hartford Hospital/Institute of Living to
Community Health Services

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638,
C.G.S.:

☐ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☒ Service Termination

☐ Bed Addition ☐ Bed Reduction ☒ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a
capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):
200 Retreat Ave, Hartford

d. List all the municipalities this project is intended to serve:
City of Hartford and Greater Hartford

e. Estimated starting date for the project: 4/1/2006

- f. Type of project: 18 (Fill in the appropriate number(s)
from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ None
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	
Total Capital Cost	\$

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
None				

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Harford Hospital/Institute of Living

Project Title: Transfer of services, Hartford Hospital/Institute of Living to Community Health Services

I, John Meehan, CEO
(Name) (Position – CEO or CFO)

of Hartford Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that HH complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

John Meehan
Signature

11/28/05
Date

Subscribed and sworn to before me on November 28, 2005

Diana Nino
Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2007

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Hartford Hospital/Institute of Living currently provides various outpatient mental health and substance abuse services for adults at its Adult Outpatient Clinic under its general hospital license (see attached copy of DPH license) and mental health and substance abuse services for children at its Child Guidance Clinic, under a license from DCF (see attached copy). Both of these clinics are located on the IOL campus. Hartford Hospital/Institute of Living is proposing to transfer these two outpatient programs from the hospital to Community Health Services, Inc., a Federally Qualified Health Center (CHS). This transfer is expected to occur on or about April 1, 2006 and is not expected to involve any capital expenditures by the hospital. These outpatient services would continue to be offered to patients at the current site by most of the same clinical staff. CHS will need to obtain approval from the federal Bureau of Primary Health Care (BPHC) because its involvement in the project will require an expansion of the Scope of Project under its existing Section 330 grant.

The Adult Outpatient Clinic serves mentally ill patients primarily from the City of Hartford and the greater Hartford area. Last fiscal year there were approximately 7,000 visits to the clinic. A majority of the patients are eligible for SAGA, Medicaid, and Medicare Disability or are uninsured. In the City of Hartford similar programs and services are provided by Capital Region Mental Health Center, Department of Mental Health and Addiction Services (DMHAS), Hartford Behavioral Health, a non-profit organization.

The Child Guidance Clinic had approximately 3,000 visits last fiscal year and has the same patient population of as the Adult Outpatient Clinic. The only similar service in the City of Hartford is offered by the Village for Families and Children.

Both the Adult Outpatient Clinic and the Child Guidance Clinic have grants from DMHAS and Department of Children and Families (DCF) and it is anticipated that these grants would be transferred to CHS. Meetings are currently under way with both of these state agencies.

STATE OF CONNECTICUT
Department of Public Health

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LICENSE

License No. 0046

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Hartford Hospital of Hartford, CT, d/b/a Hartford Hospital is hereby licensed to maintain and operate a General Hospital.

Hartford Hospital is located at 80 Seymour Street and 400 Washington Street, Hartford, CT 06115

The maximum number of beds shall not exceed at any time:

819 General Hospital beds

48 Bassinets

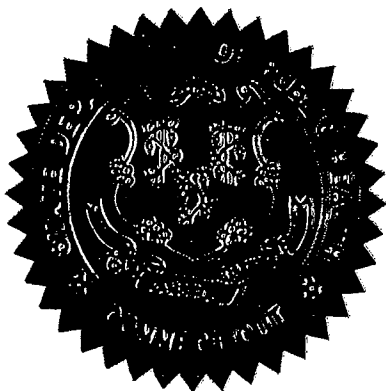
This license expires **December 31, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2004.

Satellites

The IOL Cheshire Program, 725 Jarvis Street, Cheshire, CT

The IOL West Hartford Program, 11 Wampanoag Drive, West Hartford, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT

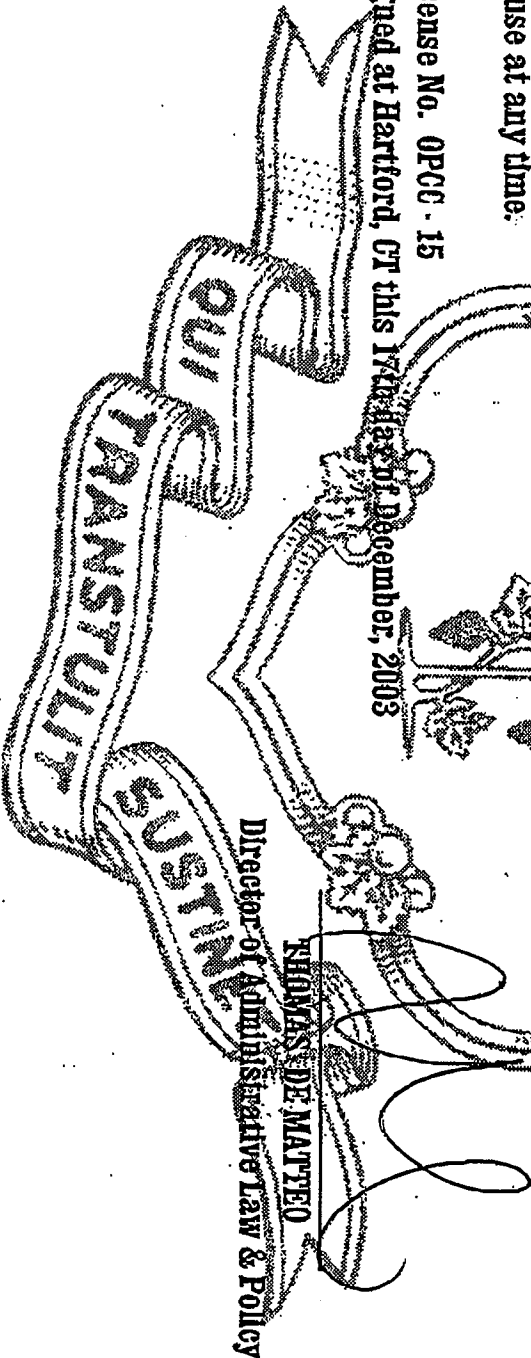
DEPARTMENT OF CHILDREN AND FAMILIES

This is to certify that, in accordance with the provisions of 17a-20 of the General Statutes of the State of Connecticut, as amended, HARTFORD HOSPITAL located at 80 SEYMOUR STREET in the Town of Hartford is hereby licensed as an OUTPATIENT PSYCHIATRIC CLINIC FOR CHILDREN to provide OUTPATIENT PSYCHIATRIC CLINIC SERVICES to children at the locations listed below*.

This license is issued effective NOVEMBER 1, 2003 for a period of twenty-four months and is conditional upon compliance with all regulations of the Department of Children and Families and may be revoked for cause at any time.

License No. OPCC - 15

Signed at Hartford, CT this 17th day of December, 2003



THOMAS DE MATTEO

Director of Administrative Law & Policy

*Institute of Living 400 Washington St. Hartford, CT.